



24089

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
**Smallpox Vaccination Continuation Note**

Today's Date ( M M / D D / Y Y Y Y )

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Additional Notes on Problems, Issues or Concerns of Patient or Provider related to Vaccine Assessment or Follow-up. Subjective section may be filled out by either patient/vaccinee or provider. Objective findings, Assessment and Plan should be completed by a provider.

Subjective: History of issues related to vaccination assessment or follow-up

Objective: Relevant exam, test or laboratory findings

Assessment: Integrated summary

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## Plan

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**Provider Signature and Printed Name/Stamp:**

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Last Name

[illegible]

First Name

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MI

Social Security Number

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Patient's Identification (May use mechanical imprint)

RECORDS MAINTAINED AT:  
RANK/GRADE  
SEX  
DATE OF BIRTH  
SPONSOR NAME  
(or Sponsor SSN)  
RELATIONSHIP TO SPONSOR  
(or FMP)  
ORGANIZATION  
STATUS  
DEPART./SER